



KARP PUBLIC SERVICE FUNDING REQUEST SUMMARY (35-PTS)

Organization Summary (5 Points)

Organization Name	We Stand For Christ Jesus Ministries
Project Title	We Stand For Christ Jesus Ministries Transitional Lifehouse of Kankakee County

Funding Amount Requested:

Total budget requested for this project	\$80,000.00	Other sources of funding	Donations, Thrift Store Sales
Individuals/Households Served	Individuals 16	Cost per Individual/Household	\$6,500.00

Timeline (months) 12 months Estimated Start date May 22, 2022 Completion date May 3, 2023

Project Summary (10 Points)-What is the service accomplishing in less than 100 words? What is your organization doing with the requested funds?

Save Lives through knowledge of Recovery, Prevention of Drug Use, and Criminal thinking. Learning to live and Sustaining a Healthy Lifestyle by applying the power of the Word of God in Ones Life.

Community Need (10 Points)-Describe the community need and who are the people who would be served (100 words or less)

This service would rebuild and help the community to be safer, the environment to be dedicated to helping support those who were previously lost in the cycle of drugs and alcohol addiction to break free, and sustain a healthy lifestyle, becoming self supporting individuals of society and lessening the crime rate and drug use in our community.

Project Outcomes (10 Points)- What is the intended result of funds invested? (100 words or less)

To Employ, one Full Time Staff, and two Part Time Staff. A total of six Staff Members are needed to do a very effective job with day and night coverage. Facillitating and teaching groups, counseling individuals one on one concerning core issue of opiods, drugs, and alcohol, and stop violence and theft caused by drug use. Accomplishing short and long term goals, and building good moral character along with stopping criminal behavior classes, daily devotions, evening spiritually based support groups and life skills classes and job resources to become better Husbands, Fathers, and Citizens, to help overall improve community.



2022-23 KARP Public Service Application

PROJECT DETAILS & APPROACH (40 Points)

Provide a brief description of the proposed project by explaining the following:

- Who are you fulfilling a need for? Describe the population this program would serve
- What are you proposing to do to serve this population?
- Why is your activity necessary?

Our goal is that men in the program will be able to help to contribute to their own households after six months to one year of being in our program. The program will help improve our community by providing a sustainable environment where men who faced issues of drugs, and alcohol addictions can maintain their sobriety in a faith based environment. The population we would be serving are those who were previously addicts, homeless, and some who were previously incarcerated. The population would be a mixture of Black, White, and Hispanic people where crime, alcohol and drugs are increasing and gang violence is on the rise with the increasing use of opioids. We are trying to serve the homeless, the down trodden and make a difference in the lives of others with various addictions helping one day at a time, one life at a time; by giving them hope through the power of spiritual principles found in the Word of God by having meetings, support groups and other uplifting materials, and providing jobs and job resources, and other spiritually based reading materials and applying these principles to their lives. It would give the men in the program a sense of dignity, as well as a sense of purpose and unity. Our activity is necessary to help save lives of men who were previously caught in the cycle of addiction and are trying to make changes in their lives by providing life skills, and other classes attacking anger issues, self centeredness and the spirit of addiction. We are strengthening our communities through a sober living environment by offering transformation sustaining a lifestyle free from drugs and alcohol, providing help and hope through changes through The Word of God. It would improve the and provide safer communities..

Will your organization implement this activity if KARP funds are not awarded? ☐ No ☒ Yes

If yes, how will the implementation be achieved? What will you do to make this program sustainable without KARP funds in future years?

Yes, but it would not as effectively as we would like, We would do some volunteer projects to help raise funds which may consist of donations (monthly or yearly) sponsorships or possible partnerships loans or other entities /exploring other financial avenues, etc.



TARGETED POPULATION (45 Points)

Meeting the National Objective

Which Economic and Community Development Agency objective does your program fit?:

1. Affordable housing
2. Creating livable communities
3. Economic development
4. Public services
5. Youth Empowerment
6. Child Care

Other: Public Service/Drug and Alc

Does your program or activity fit any of these goals?

- | | | |
|--|--|--|
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Battered and Abused Spouse Services | <input type="checkbox"/> Pandemic Recovery |
| <input checked="" type="checkbox"/> Mental Health Services | <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Child Care |
| <input checked="" type="checkbox"/> Rental Housing Subsidies | <input type="checkbox"/> Senior Services (age 62 and over) | <input type="checkbox"/> Other |

What percent are LMI? (must be over 50%)

➤ Low-income = individual income less than 50 % of the area median income.

➤ Moderate-income = individual income. between 50 - 80% of the area median. income.

☒ Activities where 80% to 100% of persons benefiting are Low/Mod Income will receive

☐ Activities where 51% to 79.99% of persons benefiting are Low/ Moderate Income will receive

Will this activity exclusively serve clientele from one of these categories?

- | | | |
|---|--|---|
| <input type="checkbox"/> Abused Children | <input type="checkbox"/> Severely Disabled Adults (per Census Bureau definition) | <input type="checkbox"/> Illiterate Adults |
| <input type="checkbox"/> Battered Spouses | <input checked="" type="checkbox"/> Homeless Persons | <input type="checkbox"/> Migrant Farm Workers |
| <input type="checkbox"/> Elderly Persons | <input type="checkbox"/> Persons living with AIDS | <input type="checkbox"/> N/A |

Will the activity be serving individual clients (IC) or households (HH): ☒ IC ☐ HH

What is the total number of all persons/households you expect to serve?

Sixteen at a time

What is the total number of **Low/Mod Income** persons/households to be served?

Sixteen at a time

What is the **percentage** of Low/Mod Income persons/households to be served?

80-100%



How will this activity improve economic opportunities for households located in areas of concentrated poverty?

How will this activity help eliminate or reduce areas of concentrated poverty? (1000-characters max)

We would provide jobs, and job resources, housing assistance, help with clothing resources, It also connects the men with the community by showing them the importance of giving back and volunteering through to help out others by distributing food and clothing.

Describe current racial and income demographics for the assumed beneficiaries of this funding: (600-characters max)

Racial demographics are a mixture of Black, White and Hispanic people who are in the lower to middle income range with the 80%-100%/LMI. They are looking to make changes, and better themselves, but they need help and resources to make changes for a better life. Our program will be able to help provide a venue for these changes.

Highlight your organization's experience and accomplishments serving Low/Moderate Income persons/households. (600-characters max)

Prepare and give out meals on the weekends to the homeless and those in need..
Distributing some new and gently used clothing to the homeless and those in need.
Conduct Weekly "No More Excuses Spiritual based support Meetings.
Conduct Weekly Bible Studies to help our men and those in the community.
Non Denominational Weekly Sunday Services on Sight for spiritual growth.



How will your organization promote your proposed program to the targeted population?

Promotions through The Local Newspaper (The Kankakee Journal)
Flyers, Facebook, as well as referrals from other like organizations such as Family Guidance Centers/ previously known as Brandon house in Manteno, IL, and Restoration Ministries in Harvey, IL, and Drug Court in Kankakee Couty in Kankakee, IL.

Describe the overall process for collecting data. What tools do you use to track and monitor income, race and ethnicity data? How does your organization track and record client demographics?

We have an Admissions Questionnaire that ask about siblings, family background, health, ethnicity, race/ethnmicity etc. that remains on record for each of the men.

Within the beneficiaries served, what is the proposed number to be reported as new – defined as persons/households who have never before used this program/activity? What percentage of the total served will these numbers be?

The sixteen would all be new. This is a New Program.

For persons/households who are not using your program/activity for the first time, what is the estimated number to be reported as having access to an improved service due to the KARP funding? What percentage of the total served will these numbers be?

N/A. This would be first time users. Again this is a New Program. where people would be in transition anywhere from 6-12 months contingent upon progress in the program.

Skip this question if your proposed program/service is entirely new. IF this is an existing program, describe how your existing program/activity, will be expanded. Provide a QUANTIFIABLE INCREASE in the level of proposed service compared to current service provided in the past 12 months:

N/A. it is entirely New.

BUDGET (40 Points)

Identify the funding sources for the **proposed project**. This information will be provided directly to HUD. Proformas can be included but will not substitute this budget form. Budgets must be:

- Specific and includes all things public funds will be used for. **Anything not accounted for in the budget will not be funded**

***DO NOT** include your entire operational budget.

Use of Funds	Source of Funds (Please list amount and source specifically)					Total
	Requested KARP Funds	Applicant Funds	Other Funds (specify)			
Line Item						
Secretary/Treasurer (FT)	\$30,000	0				\$30,000
Lifeshouse Mngr/Driver (PT)	\$30,000	0				\$30,000
Building Maintenance Man/C	\$20,000	0				\$20,000
Total	\$80,000					\$80,000



Budget Narrative & Worksheet

Consult the Application Guide for requirements on this section.

Explain project budget/funding sources including any leveraged funds. How are they applied towards your activity; (600-characters)

Budget Funding would be for 3 positions which would be Salaried. They are as follows:

A Secretary/Treasurer. This is a Fulltime Position. Salary \$30,000.00./Annually.

Lifeshouse Manager/Driver PT Position, Salary \$30,000.00/ Annually.

Building Maintenance Man and Grounds Keeper PT Position, Salary \$20,000./Annually

1. Is there a fee charged or suggested donation for your services?

No ☒ Yes ☐ *If yes, attach a copy of the fee schedule, and describe pricing methodology.

2. Are KARP funds being used to replace any state or local funds within this activity?

No ☒ Yes ☐ *If yes, explain:

3. Are KARP funds being used to replace any federal funds within this activity?

No ☒ Yes ☐ *If yes, explain:

4. Has your agency received KARP or other federal funds in any of the Fiscal Years 2015 through 2021?

No ☒ Yes ☐ *If yes, explain:

5. Does your agency currently receive any funding from the City of Kankakee or any other government funding source?

No ☒ Yes ☐ * If yes. list amount and department providing funding

What is the estimated cost per persons/household served?

\$400/mos-Housing, \$100.00/mos-Food, \$50/mos- Misc./personal care needs

Justify your proposed per-person/household cost and explain how you determined it.

Rent is the actual cost to stay at the Lifeshouse. Food cost estimated. Personal needs/Misc estimated.



AUDITING CONTROL, QUALIFICATIONS (16 Points)

Please answer the following, making sure to address each bullet point:

- How will you segregate KARP funds for identification, tracking, and reporting?
- Describe the organization's payment and disbursement procedures as they relate to the public service
- Describe your financial reporting system/procedures, as it relates to the public service
- Describe your organization's Auditing requirements

We would segregate KARP Funds in a separate bank account designated as An Account Specifically for KARP Funds. We could use Quickbooks to track expenditures, and would separate expense lines within our facility operating budget by tracking expenses associated with fund received from KARP. payments and disbursements.

We have No Auditing Requirements. We are a 501(c)3 Ministry and are categorized as a Church/Public Charity by the IRS.*



Data Collection

What type of income verification will be used to meet the KARP low/moderate income documentation requirement?

☒ Third-party verification and documentation on 100% of beneficiaries served

☐ Organization intake/survey method (self-certification) *

☐ Presumed benefit clientele (can list)

Explain the strategy and rationale for your above selection for data collection. How will your organization collect and verify income and demographic information?: (600-characters max)

We get referrals from The Kankakee County Drug Court, Restoration Ministries in Harvey, IL. and Family Guidance Centers/previously known as Brandon House in Manteno., IL referring people to us that could possibly use our services. Those records are already on file with them because they already have the information. so if we need that information it would be accessible to us through our relationship with them.

Conflict of Interest

As an applicant requesting funding, will any of your employees, agents, consultants, officers, or elected officials:

Participate in the decision making process for the approval of this application? No ☒ Yes ☐

Have a financial interest or reap a financial benefit from this program/activity? No ☒ Yes ☐

Have an interest in any contract, subcontract, or agreement with respect to this application either for themselves or those with whom they have family or business ties during the program year and for one year thereafter?

No ☒ Yes ☐

*If you selected, "yes," to any of the above, clearly describe the conflict below.



ENVIRONMENTAL CONCERNS (5 Points)

Project site address 1230 S, East Avenue, Kankakee, IL. 6090

Is the project currently underway?

- ☐ Yes; If yes, contact ECDA prior to completing this application
- ☒ No; project will not begin before an environmental review is completed by City of Kankakee

Has a Level 1 Environmental Review been completed? ☒ No ☐ Yes, provide a copy with application

Flood Hazard Area: Is there evidence or knowledge that a portion of the proposed project is located in a 100- or 500-year flood plain?

- ☒ No ☐ Yes

Noise Abatement and Control:

Distance from nearest railroad: ☐ More ☐ Less than 3,000 feet ☒ Don't Know

Distance from nearest major roadway: ☐ More ☐ Less than 3,000 feet ☒ Don't Know

Distance from nearest airport: ☒ More ☐ Less than 3,000 feet ☐ Don't Know

Wetland Protection: Is there wetland associated with the proposed project?

- ☒ No ☐ Yes

Does the project include repair, rehabilitation, or conversion of existing building/facilities?

- ☒ No ☐ Yes

Does the project involve new construction, acquisition of undeveloped land or any construction that requires moving dirt, excavation or ground disturbance?

- ☒ No ☐ Yes

Is there any presence of lead or lead hazards within the property? ☒ No ☐ Yes ☐ Unknown

How was the presence of lead determined? _____

Does the project involve existing units that are 50 years or older? ☐ No ☒ Yes

If yes, does the property have historical significance? ☒ No ☐ Yes ☐ Unknown



REQUIRED DOCUMENTATION (5 Points)

These documents are required to be attached to the final application submission:

- State and Federal Tax Exemption Determination Letter - 501 (c)(3) Nonprofit
- List of current Board of Directors/Council or Trustees
- 2022-23 KARP Project Summary (separate 1 page document)

If your activity is funded, these documents are required prior to Sub-Recipient Agreement completion:

- Copy of the applicant's previous year's Audit, Management & Compliance Report
- Copy of applicant's Insurance Coverage as required in the applicable contract Exhibit E – Insurance. (The Insurance Exhibit will be provided after funding is allocated.)

Project Applicant

Organization/ Agency legal name:	We Stand For Christ Jesus Ministries
Contact Person / Title:	Pastor James K. Smith/Director and Founder
Address:	1095 E. Merchant St., Apt. 2, Kankakee, IL. 60901
Telephone:	(763) 300-3149
Email:	jamesksmith21@gmail.com
Program Operating Location (if different than listed above)	1230 S. East Avenue, Kankakee, IL. 60901

Type of agency:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't/Public	<input type="checkbox"/> For Profit	<input checked="" type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Date of incorporation:	May 17, 2018		Federal Tax ID number:	18210104	
Agency DUNS number:	None		Annual operating budget:	\$199,305.06	
Number of paid staff:	1		Number of volunteers:	varies	



Certification

I hereby acknowledge by applying for KARP funds, this activity may require compliance in the following areas:

- | | |
|---|---|
| <ul style="list-style-type: none">• Utilization of minority and women contractors• Labor Standards Provision (Davis-Bacon)• Uniform Relocation Act Section 104(d)• Lead-Based Paint Assessment, Remediation/Abatement• Debarred, suspended and ineligible contractors | <ul style="list-style-type: none">• Section 3• Environmental Regulations• Flood Insurance• Handicapped accessibility• Title VI of the Civil Rights Act, 1964• Title VII of Civil Rights Act – Fair Housing |
|---|---|

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief. I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator.

James K. Smith
Signature of Authorized Official

JAMES K. SMITH
Name of Authorized Official

PASTOR/DIRECTOR/FOUNDER
Title

4/7/22
Date